

Best Available Copy

| POSITION            | INITIALS | ID NO | DATE    |
|---------------------|----------|-------|---------|
| FEE DETERMINATION   | Smc      | 70002 | 6/2/99  |
| O.I.P.E. CLASSIFIER |          | 49    | 8/6/99  |
| FORMALITY REVIEW    |          | 70008 | 8-18-99 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
| 2     | ✓     | ✓        | ✓    |
| 3     | ✓     | ✓        | ✓    |
| 4     | ✓     | ✓        | ✓    |
| 5     | ✓     | ✓        | ✓    |
| 6     | ✓     | ✓        | ✓    |
| 7     | ✓     | ✓        | ✓    |
| 8     | ✓     | ✓        | ✓    |
| 9     | ✓     | ✓        | ✓    |
| 10    | ✓     | ✓        | ✓    |
| 11    | ✓     | ✓        | ✓    |
| 12    | ✓     | ✓        | ✓    |
| 13    | ✓     | ✓        | ✓    |
| 14    | ✓     | ✓        | ✓    |
| 15    | ✓     | ✓        | ✓    |
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| 18    | ✓     | ✓        | ✓    |
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| 47    | ✓     | ✓        | ✓    |
| 48    | ✓     | ✓        | ✓    |
| 49    | ✓     | ✓        | ✓    |
| 50    | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| 150   |       |          |      |

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)